

# Operational Policy Letter #57

Department of Health and Human Services

Health Care Financing Administration

Center for Health Plans and Providers

Medicare Managed Care

October 2, 1997

---

## ACCESS TO SCREENING MAMMOGRAPHY

### Operational Policy Question:

Should Medicare beneficiaries enrolled in managed care plans be allowed to self-refer to plan providers for Medicare-covered screening mammography?

### Answer:

Yes. Medicare-contracting managed care plans are required to provide coverage of the same services that are covered in fee-for-service Medicare by sections 1876(c)(2) and 1876(c)(4) of the Social Security Act. Frequency of coverage of Medicare screening mammography is defined in law at section 1834(c)(2). The Medicare Carriers Manual section 4601.1 *Screening Mammography Examinations* states "A doctor's prescription or referral is not necessary for the procedure to be covered."

Medicare beneficiaries enrolled in managed care plans, therefore, should have access to the full range of benefits that exists in fee-for-service Medicare. If contracting plans were to limit access to screening mammography ordered by a plan provider, beneficiaries whose plan provider did not order or refer for this service would not have access to covered screening mammography.

Because Medicare coverage of screening mammography does not require a doctor's prescription, Medicare-contracting managed care plans are required to provide coverage of screening mammography without a doctor's prescription or referral. Plans should provide at least annually a list of providers to which enrollees can self-refer for covered screening mammography. With this list of providers, plans should also inform enrollees that as of 1/1/98 Medicare provides coverage of screening mammography on an annual basis for women over age 39 and that no deductible applies for this service.

[This revised coverage of screening mammography in Medicare was put into law by section 4101 of the Balanced Budget Act of 1997, P.L. 105-33. Note that this law also waived application of the Part B deductible for screening mammography.]

Medicare payment rates to contracting managed care plans will be adjusted for the new annual screening mammography benefit.

**Contact:**

HCFA Regional Office Managed Care Staff